



UTAH DEPARTMENT OF
HEALTH

MMIS Replacement Independent Verification & Validation RFP Reference Library Agreement

I request access to the RFP PR 13001 Reference Library and agree that the sole use of the library contents will be to respond to Solicitation PR 13001 for the State of Utah. I will secure the contents of the library at all times and I will not allow disclosure of any library contents to any parties who are not directly involved with me in responding to Solicitation PR 13001. I will ensure that all parties participating with me in responding to Solicitation PR 13001 will also secure the library contents at all time. If I do not submit a response to Solicitation PR 13001, I will securely destroy my copy of the library contents and ensure that all parties participating with me will securely destroy their copies.

Vendor Name: _____

Vendor Contact: _____

Vendor Email Address: _____

Signature: _____

Fax Signed Form to 801 323-1567